

State of New Mexico

Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 12/27/2012

0000224287 01/02/13

Voucher Number	Vchr Line	VchrlineDescr	Distr Account	Account	Fund	VendorName	1099 Withhold	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
			Line#	Description				Year Month			
00320184	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013 12	0000096500	Adams, R. 12.17-	435.00
Total For Voucher											435.00

CD

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500
 Voucher ID: 00320184
 Voucher Style: Regular
 Invoice Number: Adams, R. 12.17-12.20.12
 Invoice Date: 12/21/2012
 Total: 435.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345
 *Pay Terms: Pay Now ☐ Schedule Payments ☒
 Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000097303 

Location: 001 

*Address: 1 

ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345

Gross Amount: 435.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 12/21/2012 

Net Due: 12/21/2012

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B Pay Group: RE

*Method: ACH ACH *Netting: N 

Message: Message will appear on remittance advice. Messages

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 12.17-12.20.12
Voucher ID: 00320184 Invoice Date: 12/21/2012
Voucher Style: Regular Total: 435.00

Voucher Processing
☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions
*Accounting Template: STANDARD Account At: Gross

Match Action
*Status: Ready
☐ Pay Unmatched Voucher

Transaction Currency
*Source: Tables *Currency: USD Rate Type: CRFNT Exchange Rate: 1.00000000

Voucher Approval
*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice
*SBI Num Option: Group Vouchers (Auto-Nur SBI Number:

Prepayment
Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit
Letter of Credit ID: 

Tax Group

NAME DEPARTMENT OF HEALTH

**STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES**

PAGE	DATE
1	12/21/2012

AGENCY	66500	VOUCHER NUMBER	00320184
CODE			

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

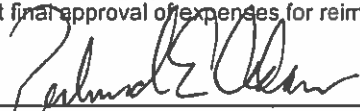
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Staff in Santa Fe					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	12/14/12	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	12/17/12	Time:	06:00 AM	Return Date: (month/day/yr)	12/21/12 Time: 06:00 PM
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 435.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.


 Employee Signature

Date

Supervisor/Bureau Chief Signature

Date

Division Director/Hospital Administrator
 (As per specific division requirements)

Date


 Cabinet Secretary Signature

(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)

Date